



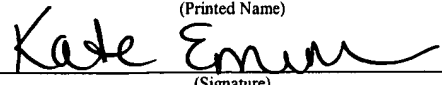
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Atty. Dkt. No. 350930-0201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ROSIELLO et al.
Title: INTEGRAL SEAL FOR
CENTRIFUGE CHAMBER
Appl. No.: 10/723499
Filing Date: November 25, 2003
Examiner: David L. Sorkin
Art Unit: 1723
Confirmation Number: 8935

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV961801322US	October 24, 2006
(Express Mail Label Number)	(Date of Deposit)
Kate Emerson	
(Printed Name)	
	
(Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 24, 2006, finally rejecting Claims 1-30 and 32-38.

[X] Applicant claims small entity status.

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Notice of Appeal Fee

[X] To be paid as detailed below

10/25/2006 HDEMESS1 00000062 10723499
01 FC:2401 250.00 0P

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$760.00
	TOTAL FEE:	\$760.00

A credit card payment form in the amount of \$760.00 is enclosed.

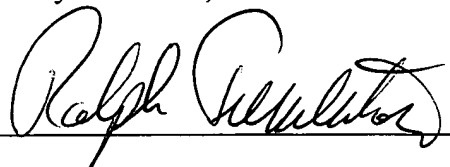
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3431. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3431.

Please direct all correspondence to the undersigned customer number at the address indicated below.

Respectfully submitted,

Date: October 24, 2006

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By 

Ralph Tremontozzi
 Attorney for Applicant
 Registration No. 55,686